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Dated: March 31, 2004

Signature: Valerie Cohen

(Valerie Cohen)

Docket No.: 495812001400  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Ken ANDERSON

Serial No.: 10/075,840

Filing Date: February 13, 2002

For: INTEGRATED READING AND  
WRITING OF A HOLOGRAM WITH A  
ROTATED REFERENCE BEAM  
POLARIZATION

Examiner: J. Juba

Group Art Unit: 2872

AMENDMENT UNDER 37 C.F.R. §1.111

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action dated November 5, 2003, Paper No. 5, for which a response is due on February 5, 2004. Filed herewith is a Petition and fee for a two-month extension of time, thereby extending the deadline for response to April 5, 2004. Accordingly, this response is timely filed. Please amend the above-identified application as follows.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Remarks begin on page 13 of this paper.

The Conclusion begins on page 17 of this paper.

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**MORRISON & FOERSTER LLP**

Attorneys at Law  
425 Market Street  
San Francisco, California 94105-2482  
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Facsimile: (415) 268-7522

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**To: Centralized Facsimile Center**  
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**From: Robert E. Scheid**

**Date: March 31, 2004**

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**Comments:**

Re: U.S. Patent Application No.: 10/075,840  
For: INTEGRATED READING AND WRITING OF A HOLOGRAM WITH A  
ROTATED REFERENCE BEAM POLARIZATION  
By: Ken ANDERSON  
Our reference: 49581-20014.00

Attached are the following:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Petition for Extension of Time (1 page)
4. Amendment Under 37 CFR 1.111 (17 pages)

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PTO/SB/21 (08-03)

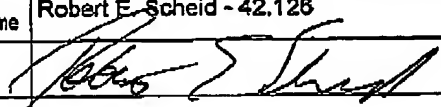
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|  |                      |                        |              |
|--|----------------------|------------------------|--------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/075,840             |              |
|  | Filing Date          | February 13, 2002      |              |
|  | First Named Inventor | Ken ANDERSON           |              |
|  | Art Unit             | 2872                   |              |
|  | Examiner Name        | J. Juba                |              |
| Total Number of Pages in This Submission   | 21                   | Attorney Docket Number | 495812001400 |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages)<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply (17 pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (1 page)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks<br>Sent via Facsimile (Facsimile Coversheet not counted as part of this submission)  |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | MORRISON & FOERSTER LLP (Customer Number 20872)<br>Robert E. Scheid - 42.128        |
| Signature                                  |  |
| Date                                       | March 31, 2004  |

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sf-1674491




PAGE 2/22 \* RCVD AT 3/31/2004 6:13:13 PM [Eastern Standard Time] \* SVR:USPTO-EFXXRF-1/0 \* DNIS:8729306 \* CSID:415 2687522 \* DURATION (mm:ss):06:22

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| FEE TRANSMITTAL<br>for FY 2004   |   |                                   |                | Complete If Known   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|--|---|-----------------------------------|----------------|---|-------------------|-------------------------------------|----------|--------------------------|--|-------------------|------------------|-----------------------------------|----------|-----------|---|-----------|----------------|------|--------------|-------------------------------------|----------------|------|-----|------|-------|--|---|------|-----|------|-----|---------------------------|--------------------|------|-------|------|-------|---|------|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|-----|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------------------------|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| Effective 10/01/2003, Patent fees are subject to annual revision.  |   |                                   |                | Application Number  | 10/075,840        |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |   |                                   |                | Filing Date   | February 13, 2002 |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |   |                                   |                | First Named Inventor  | Ken ANDERSON      |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |   |                                   |                | Examiner Name   | J. Juba           |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |   |                                   |                | Art Unit  | 2872              |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |   |                                   |                | Attorney Docket No.   | 495812001400      |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |   |                                   |                |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |   | (\$)                              |                | 255.00  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| METHOD OF PAYMENT (check all that apply)   |   |                                   |                | FEE CALCULATION (continued)   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |   |                                   |                | <b>3. ADDITIONAL FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td>210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,390</td><td>2501</td><td>695</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(e)</td><td></td></tr> <tr><td>1808</td><td>180</td><td>1808</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after first rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1902</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |                   | Large Entity                        |          | Small Entity             |  | Fee Description   | Fee Paid         | Fee Code                          | Fee (\$) | Fee Code  | Fee (\$)  | 1051      | 130            | 2051 | 65           | Surcharge - late filing fee or oath |                | 1052 | 50  | 2052 | 25    | Surcharge - late provisional filing fee or cover sheet |   | 1053 | 130 | 1053 | 130 | Non-English specification |                    | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination |      | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month | 210 | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,390 | 2501 | 695 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(e) |  | 1808 | 180 | 1808 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after first rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1902 | 900 | Request for expedited examination of a design application |  |
| Large Entity   |   | Small Entity                      |                |   |                   | Fee Description                     | Fee Paid |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)  | Fee Code                          | Fee (\$)       |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051   | 130   | 2051                              | 65             |   |                   | Surcharge - late filing fee or oath |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052   | 50  | 2052                              | 25             | Surcharge - late provisional filing fee or cover sheet  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053   | 130   | 1053                              | 130            | Non-English specification   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812   | 2,520   | 1812                              | 2,520          | For filing a request for ex parte reexamination   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804   | 920*  | 1804                              | 920*           | Requesting publication of SIR prior to Examiner action  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805   | 1,840*  | 1805                              | 1,840*         | Requesting publication of SIR after Examiner action   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251   | 110   | 2251                              | 55             | Extension for reply within first month  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252   | 420   | 2252                              | 210            | Extension for reply within second month   | 210               |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253   | 950   | 2253                              | 475            | Extension for reply within third month  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254   | 1,480   | 2254                              | 740            | Extension for reply within fourth month   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255   | 2,010   | 2255                              | 1,005          | Extension for reply within fifth month  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401   | 330   | 2401                              | 165            | Notice of Appeal  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402   | 330   | 2402                              | 165            | Filing brief in support of an appeal  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403   | 290   | 2403                              | 145            | Request for oral hearing  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451   | 1,510   | 1451                              | 1,510          | Petition to institute a public use proceeding   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452   | 110   | 2452                              | 55             | Petition to revive - unavoidable  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453   | 1,330   | 2453                              | 665            | Petition to revive - unintentional  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501   | 1,390   | 2501                              | 695            | Utility issue fee (or reissue)  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502   | 480   | 2502                              | 240            | Design issue fee  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503   | 640   | 2503                              | 320            | Plant issue fee   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460   | 130   | 1460                              | 130            | Petitions to the Commissioner   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807   | 50  | 1807                              | 50             | Processing fee under 37 CFR 1.17(e)   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1808   | 180   | 1808                              | 180            | Submission of Information Disclosure Stmt   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021   | 40  | 8021                              | 40             | Recording each patent assignment per property (times number of properties)  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809   | 770   | 2809                              | 385            | Filing a submission after first rejection (37 CFR 1.129(a))   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810   | 770   | 2810                              | 385            | For each additional invention to be examined (37 CFR 1.129(b))  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801   | 770   | 2801                              | 385            | Request for Continued Examination (RCE)   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802   | 900   | 1902                              | 900            | Request for expedited examination of a design application   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 03-1952<br>Deposit Account Name: Morrison & Foerster LLP   |   |                                   |                |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayment<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |   |                                   |                |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| FEE CALCULATION  |   |                                   |                |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>630</td><td>2003</td><td>315</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> |   |                                   |                |   |                   | Large Entity                        |          | Small Entity             |  | Fee Description   | Fee Paid         | Fee Code                          | Fee (\$) | Fee Code  | Fee (\$)  | 1001      | 770            | 2001 | 385          | Utility filing fee                  |                | 1002 | 340 | 2002 | 170   | Design filing fee                                      |   | 1003 | 630 | 2003 | 315 | Plant filing fee          |                    | 1004 | 770   | 2004 | 385   | Reissue filing fee                              |      | 1005 | 160  | 2005 | 80   | Provisional filing fee                                 |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |   | Small Entity                      |                | Fee Description   | Fee Paid          |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)  | Fee Code                          | Fee (\$)       |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001   | 770   | 2001                              | 385            | Utility filing fee  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002   | 340   | 2002                              | 170            | Design filing fee   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003   | 630   | 2003                              | 315            | Plant filing fee  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004   | 770   | 2004                              | 385            | Reissue filing fee  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005   | 160   | 2005                              | 80             | Provisional filing fee  |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (1)</b>  |   |                                   |                |   | (\$)              | 0.00                                |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>40</td> <td>-35 =</td> <td>5</td> <td>x</td> <td>9</td> <td>45.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>-4 =</td> <td>0</td> <td>x</td> <td>43</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>148</td> <td>0.00</td> </tr> </tbody> </table>  |   |                                   |                |   |                   | Total Claims                        |          | Extra Claims             |  | Fee from below    |                  | Fee Paid                          |          |           |   |           |                |      | Total Claims | 40                                  | -35 =          | 5    | x   | 9    | 45.00 | Independent Claims                                     | 4 | -4 = | 0   | x    | 43  | 0.00                      | Multiple Dependent |      |       |      |       | 148   | 0.00 |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims   |   | Extra Claims                      |                | Fee from below  |                   | Fee Paid                            |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |   |                                   |                |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims   | 40  | -35 =                             | 5              | x   | 9                 | 45.00                               |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Independent Claims   | 4   | -4 =                              | 0              | x   | 43                | 0.00                                |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent   |   |                                   |                |   | 148               | 0.00                                |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>  |   |                                   |                |   | (\$)              | 45.00                               |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above   |   |                                   |                |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2" style="text-align: left;">SUBMITTED BY</th> <th colspan="2" style="text-align: left;">(Complete if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name (Print/Type)</td> <td>Robert E. Scheid</td> <td>Registration No. (Attorney/Agent)</td> <td>42,126</td> </tr> <tr> <td>Signature</td> <td></td> <td>Telephone</td> <td>(415) 268-6369</td> </tr> <tr> <td></td> <td></td> <td>Date</td> <td>March 31, 2004</td> </tr> </tbody> </table>   |   |                                   |                |   |                   | SUBMITTED BY                        |          | (Complete if applicable) |  | Name (Print/Type) | Robert E. Scheid | Registration No. (Attorney/Agent) | 42,126   | Signature |  | Telephone | (415) 268-6369 |      |              | Date                                | March 31, 2004 |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| SUBMITTED BY   |   | (Complete if applicable)          |                |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Name (Print/Type)  | Robert E. Scheid  | Registration No. (Attorney/Agent) | 42,126         |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Signature  |  | Telephone                         | (415) 268-6369 |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |   | Date                              | March 31, 2004 |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (3)</b>  |   |                                   |                |   | (\$)              | 210.00                              |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| *Reduced by Basic Filing Fee Paid  |   |                                   |                |   |                   |                                     |          |                          |  |                   |                  |                                   |          |           |   |           |                |      |              |                                     |                |      |     |      |       |  |   |      |     |      |     |                           |                    |      |       |      |       |   |      |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |

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